

APPLICATION FOR TRANSFER OF RESERVE ACCOUNT

INSTRUCTIONS - Please read and complete this form carefully. If you acquired a business from an employer who was registered with the Employment Development Department, you may apply for a transfer of all or a part of the reserve account. (A reserve account is used to determine the unemployment insurance [UI] tax rate.) Not all reserve account balances are desirable. If the transfer of your predecessor's reserve account is approved, you will be subject to all or a percentage of the predecessor's benefit charges, which could increase your rate in future years. If you need additional information, please call (916) 653-7795, Contribution Rate Group. Failure to completely answer all questions may result in a delay or denial of approval of this application. If more space is needed for explanation, attach separate sheets.

ANY APPLICATION FOR TRANSFER FILED LATER THAN 90 DAYS AFTER ACQUIRING THE BUSINESS MAY BE RESTRICTED.

Co	ompl	ete the following:				
	1.	Your employer account number 2. Your	Your name			
		Your federal employer identification number (FEIN)				
	3.	Your business name				
	4.	Your business address			ZIP	
	5.	Name of business acquired				
	6.	Former owner's name				
	7.	Former owner's account number				
	8.	Former owner's business location			_ ZIP	
	9.	Date of acquisition				
	10.	Was the acquisition by (Check one)				
	11.	Please check major assets acquired				
		☐ Place of business ☐ Staff of employed ☐ Customers ☐ Goodwill ☐ Trade name ☐ Stock in trade ☐ Accounts receivable ☐ Tools and fixture				
	12.	Did you continue the operation of business you acquired?	☐ Yes	☐ No		
		If no, please explain				

(See page 2)

	13.	. Number of workers employed by seller just before sale									
	14.	Number of workers employed by you									
	Yes No										
			_								
						_					
	16.	You took over from the former owner:									
		(a) ALL the business:									
		(b) PART of the business:									
II.	1.	That portion of the business which you	acquired was started by its	original owner on (date)							
2. The taxable wages, for the portion of the former owner's business which you acquired, were as follows:											
		(USE ONLY WAGES UP TO THE \$7 BELOW)	EACH EMPLOYEE FOR CALE	NDAR YEARS LISTED							
		For entire calendar years of: 2	2000 \$ 2001	\$ 2002 \$							
		- BY QUARTERS -									
		JAN. 1 TO MARCH 31	APRIL 1 TO JUNE 30	JULY 1 TO SEPT. 30	OCT. 1 TO DEC. 31						
		2003 \$	\$	\$	\$						
	2004 \$		\$	\$	\$						
		ou cannot get exact figures, you ma	y give us your estimate. \	We will then send your figure	es to the former owner to						
	Die	d you estimate these figures? 🗌 Ye	es No Did the forme	er owner approve these figur	es? Yes No						
l.	Please	e list the name and phone number of the	e person we can contact for	further information, if needed.							
Print Name: Phone: ()											
		AND DATE: I/we hereby make applic correct to the best of ou	ation for transfer of reserv	· · ·							
	Signat	ure:	_	Phone: ()							
	_										